S-5035

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Amend Senate File 2160 as follows:

1. By striking everything after the enacting clause 3 and inserting:

<Section 1. Section 249A.4, Code 2011, is amended 5 by adding the following new subsection:

NEW SUBSECTION. 9A. a. Allow supplementation of 7 the combination of client participation and payment 8 made through the medical assistance program for 9 those items and services identified in 42 C.F.R. § 10 483.10(c)(8)(ii), by the resident of a nursing facility 11 or the resident's family. Supplementation under this 12 subsection may include supplementation for provision of 13 a private room not otherwise covered under the medical 14 assistance program unless either of the following 15 applies:

- (1) The private room is therapeutically required 16 17 pursuant to 42 C.F.R. § 483.10(c)(8)(ii).
- (2) No room other than the private room is 19 available.
- 20 The rules adopted to administer this subsection b. 21 shall require all of the following if a nursing 22 facility provides for supplementation for provision of 23 a private room:
- (1) The nursing facility shall inform all current 24 25 and prospective residents and residents' legal 26 representatives of the following:
- If the resident desires a private room, 28 the resident or resident's family may provide 29 supplementation by directly paying the facility the 30 amount of supplementation. Supplementation by a 31 resident's family shall not be treated as income of the 32 resident for purposes of medical assistance program 33 eligibility or client participation.
- (b) The nursing facility's policy if a resident 35 residing in a private room converts from private pay to 36 payment under the medical assistance program, but the 37 resident or resident's family is not willing or able to 38 pay supplementation for the private room.
- (c) A description and identification of the private 40 rooms for which supplementation is available.
- (d) The process for an individual to take legal 42 responsibility for providing supplementation, including 43 identification of the individual and the extent of the 44 legal responsibility.
- (2) For a resident for whom the nursing facility 46 receives supplementation, the nursing facility shall 47 indicate in the resident's record all of the following:
- (a) A description and identification of the private 48 49 room for which the nursing facility is receiving 50 supplementation.

- (b) The identity of the individual making the 2 supplemental payments.
- (c) The private pay charge for the private 4 room for which the nursing facility is receiving 5 supplementation.
- (d) The total charge to the resident for the 7 private room for which the nursing facility is 8 receiving supplementation, the portion of the total 9 charge reimbursed under the medical assistance program, 10 and the portion of the total charge reimbursed through 11 supplementation.
- If the nursing facility only provides one type (3) 13 of room or all private rooms, the nursing facility 14 shall not be eligible to request supplementation.
- 15 (4) A nursing facility may base the supplementation 16 amount on the difference between the amount paid for a 17 room covered under the medical assistance program and 18 the private pay rate for the private room identified 19 for supplementation. However, the total payment for 20 the private room from all sources shall not be greater 21 than the aggregate average private room rate for the 22 type of rooms covered under the medical assistance 23 program for which the resident would be eligible.
- (5) Supplementation pursuant to this subsection 25 shall not be required as a precondition of admission, 26 expedited admission, or continued stay in a facility.
- Supplementation shall not be applicable if the 28 facility's occupancy rate is less than eighty percent.
- The nursing facility shall ensure that (7) 30 all appropriate care is provided to all residents 31 notwithstanding the applicability or availability of 32 supplementation.
- 33 (8) A private room for which supplementation is 34 required shall be retained for the resident consistent 35 with existing bed-hold policies.>

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